

Available online at [www.sciencedirect.com](http://www.sciencedirect.com)**SciVerse ScienceDirect**

Procedia - Social and Behavioral Sciences 78 (2013) 345 – 349

**Procedia**  
Social and Behavioral Sciences

PSIWORLD 2012

# What Are the Main Coping Strategies Used by Adolescents with Traumatic Brain Injured Parent? An Interpretative Phenomenological Analysis

Dan Florin Stanescu<sup>a\*</sup>, Georg Romer<sup>b</sup><sup>a</sup> National School of Political Studies and Public Administration, Bucharest 010641, Romania<sup>b</sup> University Medical Center Hamburg-Eppendorf, Hamburg D-20246, Germany

---

## Abstract

To integrate the varied range of emotions associated with parental illness, children will approach various coping strategies, directed either toward managing their inner world, or solving practical problems. The purpose of this qualitative study of adolescents having one parent with traumatic brain injury is to explore the children's coping process. Interpretative phenomenological analysis of 20 counseling sessions with 5 children ages 14 to 17 years old was used. The coping styles used cover close strategies, but also avoidance strategies such as distraction or resignation. The research brings a new insight on the topic using "first hand" information.

© 2013 The Authors. Published by Elsevier B.V. Open access under [CC BY-NC-ND license](http://creativecommons.org/licenses/by-nc-nd/4.0/).

Selection and/or peer-review under responsibility of PSIWORLD 2012

*Keywords:* coping; children; somatically ill parents; qualitative study

---

## 1. Introduction

One way to understand how children with traumatic brain injured parents adapt to this new life situation is to explore the coping strategies used by those children and to situate those strategies in the multidimensional context. A qualitative approach can help to do this and a number of qualitative studies have been published that foreground the threats and losses associated with different type of illnesses (Gustafsson, Ekholm & Ohman, 2004; Helstrom, 1999; Osborn & Smith, 1998).

In situations when a parent is suffering from acute central nervous system injury, the inner and outer world of the child becomes troubled and stress levels increase considerably. To integrate and balance the varied range of

---

\* Corresponding author. Tel.: +4-072-367-2618.

E-mail address: [dan.stanescu@comunicare.ro](mailto:dan.stanescu@comunicare.ro)

emotions associated with this new life situation, children will approach various strategies of coping, directed either towards managing their inner world, or towards solving practical problems.

The notion of coping was defined as an individual's ability to manage their behavior, emotions and motivational level under stress circumstances (Cummings et al., 1989). Lazarus and Launier (1978) ascribe to the coping ability those efforts directed either towards action or towards intra-psychic, to manage (minimizing, tolerating of) the conflicts an individual is facing in his internal or external environment.

The aim of this study was to learn more about the personal experience of facing and adaptation to parental illness and to discover and understand the main coping strategies involved. The study employed interpretative phenomenological analysis (IPA) (Smith, 2004), which is a qualitative approach which combines a dedication to understanding the lived experience of the participant with a recognition that to achieve such an understanding requires interpretative work on the part of the researcher (Osborn & Smith, 1998).

In a study investigating the coping appraisals and coping strategies in 134 children, adolescents and young adults using semi-structured interviews, Compas et al. (1996) found that use of emotion-focused coping was related to more emotional stress and more avoidance of thoughts about their parent's cancer, and that children with parents with cancer have little opportunity to experience a sense of control. Family factors found to be protective for children and adolescents have been open communication, adaptability, cohesion, expressiveness and less conflict.

Christ et al. (1994, in Romer et al., 2002) shows that adolescents show a more mature pattern of empathizing with the sick parent, since they are more capable to understand the disease than the small ones. Compas et al. (1996), found that in children of parents with cancer, the coping styles focused on regulating emotions increase with age. A certain variable that studies take into account (Perez, 1997) in attributing individual coping strategies is gender. Girls seem to prefer emotional balance and social support, being educated to seek the support of others and to admit and communicate their own feelings. Boys, on the contrary, are raised in the spirit of withdrawal, accustomed to not needing help, but solving their own problems. Therefore they resort more often to cognitive restructuring, including in facing a parent's severe illness.

## 2. Procedure

The analyzed data comes from five children between 14 and 17 years old, benefiting from four counseling sessions distributed as follows: a week after the parent's accident, one month later, 3 and 5 months respectively. The study includes 2 girls and 3 boys.

All counseling sessions were recorded and transcribed (without altering or reformulating the conversations). Verbatim transcripts of the counseling sessions served as the raw data for the study which were analyzed using interpretative phenomenological analysis (IPA). We did not intend to test hypotheses and generalize the results. Instead, we aimed at exploring in depth the processes of adapting and internal restructuring of the child, when the parent suffers from a central nervous system injury.

The analysis followed very closely the four-stage process described in detail in Smith and Osborn (2003). Analysis began with a close interpretative reading of the first counseling session for the first case where initial responses to the text were annotated in one margin. These initial notes were translated into emergent themes at one higher level of abstraction and recorded in the other margin. The researchers then interrogated the themes to make connections between them. This resulted in a table of super-ordinate themes for the first case within which were nested the subordinate themes with identifying information, that is, where the instances supporting the theme can be found within the interview transcript. This process was repeated for each of the four counseling sessions and for each case. After the analysis had been conducted on each case, coping patterns were established cross-case and documented in a master table of themes for the group. This was then transformed into a narrative account; the analytic account was supported by verbatim extracts from each participant.

### 3. Results

Several main themes emerged over time as the analysis proceeded. In order to overcome the moment of shock, children (adolescents) seek ways to solve the situation (*I helped the guys from the ambulance put her on a stretcher ...* (b, 16), as well as social support, and resort to emotional regulation to release the pressure. Girls admit the intensity of the shock, while none of the boys specify to have felt these moments as a shock. While the girls express and communicate their feelings of vulnerability, boys either do not admit to it, or succeed in converting them into resignation or assertiveness, which is managed through direct action: *I was annoyed at the moment and I felt like crying ... I gave a punch in the fridge and I felt relaxed* (b, 17).

Emotional adjustment is therefore possible to girls by expressing their emotions (by crying, by need to communicate and to be heard) and to boys, by rendering the event ordinary, by the lack of involvement in housework or by offering to others as little emotional support as they can. The consumption of energy in boys is not heading, apparently, towards managing the affects, but towards searching for information, solving the problem, and in all cases, towards maintaining a "nothing happened" attitude and behavior: *I was eager to find out what he had, I did not know what he had ... I'm fine now; I got it, so to speak. (...) Nothing changed in our lives (concerning the fact that the mother is in the hospital and they are at home). It's not a big deal, it's a common thing ...* (b, 16). This "nothing happened" attitude, very obvious and steadfast among boys, points to distancing as a coping strategy. It manifest through continuing the normal activities, apparently undisturbed, by denying powerful emotions and trivializing the event.

In order to cope with emotions, girls self-evaluate their behavior as a brave one, given the powerful emotions (*I think I was very tough*, g, 18), while boys deny their emotions, do not face or even admit them: *Dad had a surprised reaction... but I do not let myself such easily impressed...* (b, 16). In the absence of emotion regulation (where emotions are not admitted, beyond a constant state of apathy), we have found a tendency towards social withdrawal, but only in one case: *Otherwise, I stayed indoors, I had nothing to do... I was having bad moods; I could not fancy anything ...* (b, 16). Also quite rare, but obvious, is a tendency to internalize, through closing itself and rumination: *Before, I used to pour out, but now I've started to keep it to myself, I can't even cry, I think about it a lot, I just think, that is all I do* (g, 18); *so far I have not talked about my family and what I feel, none of my friends know how I feel about this...* (b, 14).

Action orientation is found in an attempt to partially solve the problem and searching for information: *I was anxious to know what it is... and a neighbor that is a doctor, since she knew, told me how mom was... and I know now* (b, 16).

Emotional adjustment is facilitated by certain cognitive approaches, which oscillate between cognitive restructuring and positive thinking: *I have completely changed ... I'm no longer a child who just asks, I am a person who wants to be able to handle on her own, I want to do things!* (g, 18) *It's good that just one tendon broke and she can still walk... if both of them broke, she couldn't walk anymore* (b, 16 ani); and resignation, when the teen's task is to give meaning to the event or to manage internal conflicts: *Perhaps it should be this way... so that we realise we should rejoice more... we should stop fighting with each other all the time as we do* (g, 17); *Actually, I depend on them at the moment and cannot take any decisions, I realize and accept that because I want to go on* (g 18).

The new situation involve also increasing the household chores. Girls are naturally taking on some of the responsibilities, thus speculating the opportunity to feel useful, to offer insurance (*when helping my mother and consoling her, I helped myself -* g, 18). They offer help and partly solve the situation, motivated by the seriousness of the event: *I felt I couldn't bare it anymore ... but I couldn't just not do anything... right then, in that moment I did not feel anything, I did not know of myself, like I was a programmed robot ... I don't know where I got all that strength from* (g, 17).

Boys, just as naturally, take on a minimum of responsibilities, considering that the healthy parent "is handling it". This diversion of responsibilities to healthy parent (*I can't do anything to help him*) is among girls equivalent

with seeking another adult in the family, respectively, in this case, the older brother and the aunt (remember that a healthy parent is unavailable), for practical and emotional support. This adult, perceived as strong and steady, also serves as the benchmark for adopting an appropriate attitude to the situation: *My brother, I never saw him crying. When I grasped he was flustered and tormented... that moment I knew that something was really not right* (g, 18).

A restriction of communication and deep contacts within the family circle can also be seen, both in boys, who do not share *personal problems* with friends, and in girls. However, social support remains a constant, whether adolescents obtain it simply by belonging to the group and activating in a "group of friends" (boys), or they find it in a close and stable person (girls), inside or outside the family, which is perceived as available and empathic (aunt, best friend, boyfriend): *My friend was a reliable support, almost like an older sister* (g, 18). It seems that unmet emotional needs and vulnerability in adolescent girls are diverted to those available, which also symbolize "family": *My boyfriend and his family helped me a lot... I can't talk to my dad as I talk to Mihai's father...* (g, 17).

In the period immediately following the shock, the call to social support serves facilitating the emotional adjustment and temporary distracting one's attention, in order to balance the tensions: *I was very scared... I cried... my boyfriend helped me a lot* (g, 17).

Simultaneously, boys prefer to dilute emotional stress by staying in touch with the entourage. While not underestimating its importance, they clearly separate the 'hang out' friends from family. These friends' function is to support, to ensure continuity (we remember that boys tend to depart from the situation), to distract, not to facilitate communication: *There are things that you talk with friends and things you talk with your family ...* (b, 16).

Also as an emotion regulation strategy, identification, takes place frequently. Children assimilate the coping style of the parent, alongside his practical and emotional attitude towards the situation. Identification is done both consciously and verbalized (*I react like mommy*) and unexpressed as such, but obvious: *There were terrible moments, but I think I was cool. (...) My mother has a heart illness, but she is strong. (...) Dad usually has a tough attitude* (g, 18).

Each and every time, the parent that the adolescent identifies with is the one that he finds to be closer and stronger. For example, Dan (16) shows apathy or emotional detachment; although in practical situations he is directed towards action. He thinks about himself '*I do not let myself easily impressed by a situation*' and he does not use to encourage his mother, as he does *not know what to say*. His justification is that *he would not like to be nagged* with words of encouragement, if in her shoes. Simultaneously, we learn that his mother asked him not to cry or allow himself be impressed. Therefore, his emotional rigidity seems to be related partially to his identification with his mother (*I react like mom*) and partially to his wish of protecting her. In fact, he is the only teenager in this study to show a consistent tendency towards social withdrawal.

Towards the parents, teenagers display two opposite tendencies. On one hand, there is parentification and role exchange, consisting of taking over obligations and empathizing, with or without suppression of their own feelings. Parentification occurs in all cases, but mainly in relation with the favorite parent, whether they are the injured ones or the healthy ones: *I stayed to listen, I tried to give her everything she needed* (g, 17); *I am trying to take care of him, help him improve his mood* (b, 17).

Also, adolescents do not protect the healthy parent. Girls exteriorise the tiredness and frustration they feel as a consequence of having increased responsibility: *Can't I just have some quiet time to learn for my exams? I understand she needs someone premanently, but I cannot break in a thousand pieces* (g, 18). Boys skip any household chores or other duties, according to the distancing strategy: *Mom will help him, as she has so far without problems...* (b, 17); *Dad cleans up, he can handle things on his own, there is nothing I can do to help him...* (b, 16).

Self-assertion is another age-characteristic tendency, consistently displayed by children. In the new tormented context, self-assertion may be related to school (*I hope I'll get good marks at the final exams, so I won't disappoint my teachers*), or to the parental attitude (*There's no one to talk to, they are not listening, they never*

*allowed me to say what I had in mind*). The feelings of adolescents are that they are misunderstood, not taken into consideration, or that they are restrained. Such feelings are managed mainly through revolt and open conflicts with the parents, unlike the younger children, in which these feelings would rather bring about sadness and internalisation. *I am picking on her, and she is picking on me... because she speaks foolishly, she speaks too much... and right now I am not interested in her opinion, as a matter of fact* (b, 17).

#### 4. Conclusions

The increased complexity of the mental and emotional mechanisms in adolescents is emphasized by highlighting the variable "gender", which could not be ignored in this age range and confirms that emotional regulation and social support are associated particularly to girls, while boys tend not share their feelings and not seek help in solving problems (Perez, 1997).

The coping styles used by those five adolescents cover closeness strategies (emotional balancing, search for social support from family and entourage, incentives for action by seeking information and problem solving, and taking over household responsibilities, parentification, cognitive restructuring), but also avoidance strategies: distraction, distancing by trivializing the event, internalization, resignation. Vehement externalization of grievances occurs in this age group, ranging up to conflicted outbreaks towards parents, despite their health status. Identification with the parent perceived as stronger and as closer to the child is a powerful coping mechanism in the case of the adolescents included in the present study.

This study based on the qualitative analysis of five adolescents points to the importance of developing psychosocial information material and counselling possibilities for families with a seriously ill parent focusing on facilitating factual as well as emotional communication within the family, empowering the parenting function of the ill as well as the healthy parent, and helping children in sharing their worries and thoughts.

#### References

- Compas, B. E., Worsham, N. L., Ey, S., Howell, D. C. (1996). When mom or dad has cancer II: Coping, cognitive appraisals, and psychological distress in children of cancer patients. *Health Psychology*, 15, pp. 167–175.
- Cummings, E. M., Cummings J. S., El-Sheich, M. (1989). Children's Coping with Parent's Angry Behavior. *Educational Resources Information Center*.
- Gustafsson, M., Ekholm, J., & Ohman, A. (2004). From shame to respect: musculoskeletal pain patients' experience of a rehabilitation programme, a qualitative study. *Journal of Rehabilitation Medicine*, 36, 97–103.
- Hellstrom, C., Jansson, B., & Carlsson, S. G. (1999). Subjective future as a mediating factor in the relation between pain, pain-related distress and depression. *European Journal of Pain*, 3, 221–233.
- Lazarus, R. S., & Launier, R. (1978). Stress-related transactions between person and environment. In L. A. Pervin and M. Lewis (Eds), (1978). *Perspectives in Interactional Psychology* (pp. 287–327). New York: Plenum.
- Osborn, M., & Smith, J. A. (1998). The personal experience of chronic benign lower back pain: an interpretative phenomenological analysis. *British Journal of Health Psychology*, 3, 65–83.
- Perez, L. M. (1997). Children Coping with Chronic Illness. U.S. Department of Education. *Education Resources Information Centre*.
- Romer, G., Barkmann, C., Schulte-Markwort, M., Thomalla, G., & Riedesser, P. (2002). Children of Somatically Ill Parents: A Methodological Review. *Clinical Child Psychology and Psychiatry*, 7(1), pp. 17–38.
- Rutter, M. (1966). *Children of sick parents. An environmental and psychiatric study*. London: Oxford University Press.
- Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, 1, 39–54.
- Smith, A. J., Flowers, P., & Larkin, M., (2009). *Interpretative Phenomenological Analysis. Theory, Method and Research*. Londra: Sage Publications;
- Smith, J. A., & Osborn, M. (2003). Interpretative phenomenological analysis. In J. A. Smith, editor, *Qualitative psychology: a practical guide to research methods* (pp. 51–80). London: Sage.